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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/714,449	10/714,449 11/17/2003 Rube		42597-193226	9366
26694 VENABLE LLI	7590 04/18/200 P	3	EXAMINER	
P.O. BOX 3438			KAUSHAL, SUMESH	
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			1633	
			MAIL DATE	DELIVERY MODE
			04/18/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Advisory Action Before the Filing of an Appeal Brief

Application No.	Applicant(s)		
10/714,449	LAGUENS ET AL.		
Examiner	Art Unit		
Sumesh Kaushal	1633		

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The MAILING DATE of this communication appe	ars on the cover sheet with the o	correspondence add	ress				
THE REPLY FILED <u>05 March 2008</u> FAILS TO PLACE THIS APPLICATION IN CONDITION FOR ALLOWANCE.							
1. The reply was filed after a final rejection, but prior to or on application, applicant must timely file one of the following rapplication in condition for allowance; (2) a Notice of Appe for Continued Examination (RCE) in compliance with 37 C periods:	the same day as filing a Notice of A replies: (1) an amendment, affidavi ral (with appeal fee) in compliance	Appeal. To avoid abar t, or other evidence, w with 37 CFR 41.31; or	hich places the (3) a Request				
a) The period for reply expires 5 months from the mailing date	of the final rejection.						
b) The period for reply expires on: (1) the mailing date of this Adno event, however, will the statutory period for reply expire la Examiner Note: If box 1 is checked, check either box (a) or (I MONTHS OF THE FINAL REJECTION. See MPEP 706.07(f	dvisory Action, or (2) the date set forth tter than SIX MONTHS from the mailing b). ONLY CHECK BOX (b) WHEN THE).	g date of the final rejection FIRST REPLY WAS FIL	n. LED WITHIN TWO				
Extensions of time may be obtained under 37 CFR 1.136(a). The date of have been filed is the date for purposes of determining the period of extrunder 37 CFR 1.17(a) is calculated from: (1) the expiration date of the set forth in (b) above, if checked. Any reply received by the Office later may reduce any earned patent term adjustment. See 37 CFR 1.704(b). NOTICE OF APPEAL	ension and the corresponding amount of the control	of the fee. The appropria nally set in the final Offic	ate extension fee e action; or (2) as				
2. The Notice of Appeal was filed on <u>07 April 2008</u> . A brief ir date of filing the Notice of Appeal (37 CFR 41.37(a)), or ar Since a Notice of Appeal has been filed, any reply must be <u>AMENDMENTS</u>	ny extension thereof (37 CFR 41.3)	7(e)), to avoid dismiss	al of the appeal.				
	out prior to the data of filing a brief	will not be entered be	201122				
3. The proposed amendment(s) filed after a final rejection, be (a) They raise new issues that would require further cor (b) They raise the issue of new matter (see NOTE below (c) They are not deemed to place the application in bett	isideration and/or search (see NOTw);	TE below);					
appeal; and/or	er form for appear by materially rec	adding or simplifying th	ie issues ioi				
(d) They present additional claims without canceling a continuation Sheet. (See 37 CFR 1.12)		ected claims.					
4. The amendments are not in compliance with 37 CFR 1.12		mpliant Amendment (I	PTOL-324).				
5. Applicant's reply has overcome the following rejection(s):		(-	, .				
6. Newly proposed or amended claim(s) would be all non-allowable claim(s).		imely filed amendmer	t canceling the				
7. For purposes of appeal, the proposed amendment(s): a) how the new or amended claims would be rejected is proved the status of the claim(s) is (or will be) as follows: Claim(s) allowed: Claim(s) allowed:		l be entered and an ex	xplanation of				
Claim(s) objected to: Claim(s) rejected: <u>1,2,4,10-14,19-27,31,33-44,48-62,64-66</u> Claim(s) withdrawn from consideration:	5,69,71-80 and 98-104.						
AFFIDAVIT OR OTHER EVIDENCE							
 The affidavit or other evidence filed after a final action, but because applicant failed to provide a showing of good and was not earlier presented. See 37 CFR 1.116(e). 							
9. The affidavit or other evidence filed after the date of filing a entered because the affidavit or other evidence failed to or showing a good and sufficient reasons why it is necessary	vercome <u>all</u> rejections under appea	al and/or appellant fails	s to provide a				
10. The affidavit or other evidence is entered. An explanation REQUEST FOR RECONSIDERATION/OTHER	n of the status of the claims after er	ntry is below or attache	ed.				
11. The request for reconsideration has been considered but See Continuation Sheet.	does NOT place the application in	condition for allowand	ce because:				
12. ☐ Note the attached Information <i>Disclosure Statement</i> (s). (PTO/SB/08) Paper No(s)							
13. Other:							
	/Oursell I/						
	/Sumesh Kaushal/ Primary Examiner, Art U	nit 1633					

U.S. Patent and Trademark Office PTOL-303 (Rev. 08-06) Continuation of 3. NOTE: Claim 65 recites new claim limitation "VEGF 1-165" which would require additional search/consideration. Newly filed claim 105 would also require additional search/consideration in context to "arteriogenesis".

Continuation of 11. does NOT place the application in condition for allowance because:

Claims 1-2, 4, 10-14, 19-27, 31, 33-44, 48-62, 64-66, 69, 71-80 and 98-104 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the enablement requirement, for the reason of record as set forth in the office action (OA) mailed on 10/05/07. Regarding selective targeting of cells in vivo, the applicant argues that the claims (e.g., claim 43) have been amended to clarify that the method of delivery is intramyocardial administration. However the applicant's arguments are found not persuasive because the scope of base claims 1 and 65 is not limited to a method that requires direct intramyocardial administration of the polynucleotide (as claimed). The office action provides clear evidence that gene delivery via any and all routes of administration is considered highly unpredictable (see page 3, OA 10/05/07).

Regarding the treatment of ischemic heart disease, myocardial infarction, myocardial ischemia, dilated cardiomyopathy, heart failure and hypertrophic cardiomyopathy, the applicant argues that the induction of cardiomyogenesis and anteriogenesis clearly indicates that the preceding conditions can be treated by a method of the invention. However as stated in the earlier office action given the scope of invention as claimed the specification as filed fails to disclose the treatment of ischemic heart disease, myocardial infarction, myocardial ischemia, dilated cardiomyopathy, or hypertrophic cardiomyopathy by inducing cardiomyogeneisis via method as claimed. At best the specification teaches the enhaced mitosis if vascular cells and cardiomyocytes (see spec. page 33, lines 27-34). The applicant fails to consider the complexities involved in the etiology of the ischemic heart disease, myocardial infarction, myocardial ischemia, dilated cardiomyopathy, or hypertrophic cardiomyopathy by inducing cardiomyogeneisis. The earlier office action that clearly emphasized that there is need for a greater understanding of an underlying mechanism that contribute to a genetic disease along with the pathogenesis of the disease especially in context of cardiac gene therapy see OA 01/29/07, page 3, also see Appendix A provided by the applicant). Since the invention as broadly claimed is not considered routine in the art and without sufficient disclosure the experimentation left to those skilled in the art is unnecessarily, and improperly, extensive and undue. See In re Wands 858 F.2d 7311 8 USPQ2nd 1400 (Fed. Cir, 1988).

Claims 1-2, 4, 10-14, 19-27, 31, 33-44, 48-62, 64-66, 69, 71-80 and 98-104 are rejected under 35 U.S.C. 102(a) as anticipated by or, in the alternative, under 35 U.S.C. 103(a) as obvious over Vale et al (Circ. 102:965-974, 2000), for the reason of record as set forth in the office action (OA) mailed on 10/05/07.

The applicant argues that that Vale et al does not teach or suggest that the dose of VEGF-165 which is administered therein is effective to induce cardiomyogenesis and in view of Laham's declaration as a worker of ordinary skill, upon reading the Vale et al. reference, would have recognized that its method would necessarily have stimulated cardiomyogenesis (using low level of plasmid constructs). The applicant argues that the stimulation of cardiomyogenesis is considerably different from merely "improving" the restoration of function to ischemic tissue by augmenting perfusion of the tissue therefore the reference does not suggest or disclose that the dose of VEGFI-165 administered in the reference is effective to induce cardiomyogenesis. However the applicant's arguments are found not persuasive. In response to applicant's argument that the references fail to show certain features of applicant's invention, it is noted that the features upon which applicant relies (i.e. dosage amount as claimed) is not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See In re Van Geuns, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993).

The applicant further argues that the decrease in the size of the ischemic area does not indicate that cardiomyogenesis took place. The applicant argues that Kajstura et al. alleged showing that ischemic myocardium is inherently associated with cardiomyogenesis is incorrect (in view of newly cited references not presented before). However the applicant's arguments are found not persuasive. As stated earlier, Vale et al clearly teaches a gene therapy method that assess efficacy of phVEGF(165) gene transfer in chronic myocardial ischemia. The cited art teaches that the present study constitute additional objective evidence that phVEGF165 GTx augments perfusion of ischemic myocardium, and the results also support the notion that phVEGF165 GTx successfully rescued foci of hibernating myocardium. The applicant fails to consider that cited art provides clear evidence that i) the mean LLS in areas of myocardial ischemia, improved significantly from 9.94±1.53% before phVEGF165 GTx to 15.26±0.98% after phVEGF165 GTx (P=0.004), ii) the area of ischemic myocardium was consequently reduced from 6.45±1.37 cm2 before phVEGF165 GTx to 0.95±0.41 cm2 after GTx (P=0.001), see page 967 col. 2 and Table 2. and iii) that the analysis of LLS in areas of myocardial ischemia, documented marked improvement after GTx. Consequently, the area of ischemic myocardium was reduced to a statistically significant extent. Therefore the cited art provide clear evidence the recovery of cardiac tissue via cardiomyogenesis especially in view of s Kajstura et al who provides clear evidence that ischemic repair involves cardiomyogenesis as there is a "nearly 10-fold increase in this parameter was measured in end-stage ischemic heart disease (152 myocytes per million) and in idiopathic dilated cardiomyopathy (131 myocytes per million), see Kajstura et al, page 8803, fig-2, page 8904 col.1-2). Thus given the broadest reasonable interpretation the cited art clearly anticipates the invention as claimed.